Disclosure of Information for Prescribers of Prescription Drugs within Colorado (C.R.S.A. § 12-280-308)
Auvelity® (dextromethorphan HBr and bupropion HCl) Extended-Release Tablets

The Wholesale Acquisition Cost (WAC) of the listed Marketed Prescription Drug is determined by Axsome Therapeutics. The listed WAC does not necessarily reflect the actual price realized by various purchasers (e.g., taking into account available price concessions offered to insurers or providers) or the cost to the patient (e.g., taking into account patient cost-sharing and/or available manufacturer copay assistance).

Marketed Prescription Drug	WAC Price
AUVELITY 45 MG/105 MG TABLET	$624/ 30-day Rx $1248/ 60-day Rx

Eligible AUVELITY patients pay as little as $10 a month.†

Below are available generic prescription drugs from the same therapeutic class as the Marketed Prescription Drug:

- Mirtazapine
- Fluoxetine
- Bupropion HCl

† **Patient Benefit:** Eligible patients will pay as little as $10 for up to a 90-day supply with a valid prescription for an FDA-approved indication; monthly, annual, and/or per-claim maximum program benefits may apply and vary depending on the patient's specific terms of their prescription drug plan and to ensure that the funds are used for the benefit of the patient, based on factors determined by Axsome.
Program Eligibility Requirements and Benefits: Patients must have commercial (private) health insurance. This program is not valid where the entire cost of the medication is reimbursed by insurance or where insurance does not cover the medication. Offer not valid for patients with prescription insurance through federal or state healthcare programs, including but not limited to, Medicaid, Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs). Some prescription drug plans have implemented programs commonly known as "co-pay maximizer" or "accumulator" programs. These programs adjust the patient's out-of-pocket cost to reflect the availability of financial support received from a co-pay support program, so that out-of-pocket payments that are subsidized by a manufacturer's co-pay program are not treated as a patient's out-of-pocket payments. Patients enrolled in these types of programs may receive benefits from the Axsome Co-Pay Program that vary over time to ensure funds are used for the benefit of the patient. Cash-paying patients are not eligible for co-pay assistance. This offer may not be redeemed for cash. Patient must be a resident of the United States or U.S. territories. Patient or patient's guardian must be 18 years of age or older. Patients with questions about the Auvelity On My Side Savings Offer should call 1- 800-805-8621.
Additional Terms & Conditions of Program: By using this offer, the patient and pharmacist certify that the patient meets the eligibility criteria and will comply with all the terms and conditions. Cash Discount Cards and other non-insurance plans are not valid as primary insurer under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. This offer is not transferable and is limited to one offer per patient. This co-pay offer cannot be combined with any other savings, free trial or similar offer(s) for the specified prescription. Void where prohibited by law. Not valid if reproduced. This program is not insurance. Axsome Therapeutics reserves the right to rescind, revoke or amend this offer without notice at any time.

AUVELITY, AXSOME, and their logos are trademarks or registered trademarks of Axsome Therapeutics, Inc. Other trademarks are property of their respective owners.
©2026 Axsome Therapeutics, Inc. All rights reserved. This piece is intended for U.S. healthcare professionals.
PP-AUV-US-2200016 2/2026